

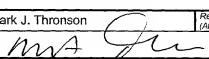
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		<b>Attorney Docket No.</b> R2184.0106/P106
		<b>First Inventor</b> Kouichi Narahara
		<b>Title</b> DOCUMENT INFORMATION PROCESSING, etc.
(Only for new nonprovisional applications under 37 CFR 1.53(b))		<b>Express Mail Label No.</b>

<b>APPLICATION ELEMENTS</b>		<b>ADDRESS TO:</b> Box Patent Application Commissioner for Patents Washington, DC 20231	
See MPEP chapter 600 concerning utility patent application contents			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit as original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)		
3. <input checked="" type="checkbox"/> Specification [Total Pages 80]	a. <input type="checkbox"/> Computer Readable Form (CRF)		
(preferred arrangement set forth below)	b. Specification Sequence Listing on:		
- Descriptive title of the invention	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	ii. <input type="checkbox"/> paper	
- Cross Reference to Related Applications	c. <input type="checkbox"/> Statements verifying identity of above copies		
- Statement Regarding Fee sponsored R & D	<b>ACCOMPANYING APPLICATIONS PARTS</b>		
- Reference to sequence listing, a table, or a computer program listing appendix	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))		
- Background of the Invention	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney	
- Brief Summary of the Invention	11. <input type="checkbox"/> English Translation Document (if applicable)		
- Brief Description of the Drawings (if filed)	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations	
- Detailed Description	13. <input type="checkbox"/> Preliminary Amendment		
- Claim(s)	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
- Abstract of the Disclosure	15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 17]	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.		
5. Oath or Declaration [Total Pages 4]	17. <input checked="" type="checkbox"/> Other: Combined Declaration and Power of Attorney		
a. <input checked="" type="checkbox"/> Newly executed (original or copy)			
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)			
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.78			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.78.			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____			
Prior application information: Examiner _____ Group / Art Unit: _____			
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			

<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24998		<input checked="" type="checkbox"/> Correspondence address below
Name Mark J. Thronson DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP			
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Name (Print/Type) Mark J. Thronson	Registration No. (Attorney/Agent) 33,082		
Signature <i>Mark J. Thronson</i>	Date July 8, 2001		

<b>FEE TRANSMITTAL for FY 2001</b>				<b>Complete if Known</b>																																																																																																																																																																																													
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<b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to. Deposit Account Number    04-1073 Deposit Account Name <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				<b>3. 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102	80	202	40	Independent claims in excess of 3																																																																																																																																																																																													
104	270	204	135	Multiple dependent claim, if not paid																																																																																																																																																																																													
109	80	209	40	** Reissue independent claims over original patent																																																																																																																																																																																													
110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																																																													
<b>SUBTOTAL (2) (\$)</b>					<b>796.00</b>																																																																																																																																																																																												
<b>SUBTOTAL (2) (\$)</b> 796.00 **or number previously paid, if greater. For Reissues, see above.				*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (\$)</b> 40.00																																																																																																																																																																																													
<b>SUBMITTED BY</b> Name (print/type)    Mark J. Thronson    Registration No. (Attorney/Agent)    33,082				Complete (if applicable) Telephone    (202) 775-4742																																																																																																																																																																																													
Signature 				Date    July 8, 2001																																																																																																																																																																																													